

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

SUSAN B ANTHONY LIST INC

(b) Address (number and street) ☐ check if different than previously reported

1800 NORTH KENT ST STE 1070

(c) City, State and ZIP Code

ARLINGTON

VA

22209

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30000921

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 8

through

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 8

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 8

(b) Communication Title Pregnant

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: Non-Qualified Corp.

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Marjorie Dannenfelser

(b) Address (number and street)

1800 N Kent St, Ste 1070

(c) City, State and ZIP Code

Arlington

VA

22209

(d) Name of Employer or Principal Place of Business

Susan B. Anthony List, Inc

(e) Occupation

President

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

51600.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Emily Buchanan

SIGNATURE Electronically Filed by Emily Buchanan

DATE 10/01/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.